CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board
Division of Drinking Water

June 19, 2017

Wes Williams, Owner
Paradise Cove Lodge
10700 Highway 178
Lake Isabella, CA 93240

RE: Total Coliform Maximum Contaminant Level Failure for July 2016 & May 2017, Monitoring & Reporting Violation for August 2016 – Paradise Cove Lodge Water System, System No. 1502213 - Citation No. 03_19_17C_026

Dear Mr. Williams,

The State Water Resources Control Board (hereinafter State Board), Division of Drinking Water has issued Citation No. 03_19_17C_026, for failure to comply with the provisions of the California Health & Safety Code and Title 22, California Code of Regulations. Specifically, the Paradise Cove Lodge Water System (hereinafter "Water System") failed the total coliform maximum contaminant level (MCL) for the months of July 2016 and May 2017. The Water System also failed to collect five (5) routine total coliform samples for the month of August 2016 following the total coliform positive samples (routine and repeat) collected in July 2016.

The California Safe Drinking Water Act, Section 116577, provides for the State Board to be reimbursed by the public water system for costs incurred for preparing and issuing an enforcement action to that system. Therefore, the Water System has been billed for the preparation and issuance of this citation. The State Board's current billing rate for enforcement activities is $161 per hour. The hourly rate is subject to review and change upon approval. You will receive a bill for these costs following the end of the State's fiscal year, from our Fee Billing Unit in Sacramento.

Any person who is aggrieved by a citation, order or decision issued by the Deputy Director of the Division of Drinking Water under Article 8 (commencing with Health and Safety Code, Section 116625) or Article 9 (commencing with Health and Safety Code, Section 116650), of the Safe Drinking Water Act (Chapter 4, Part 12, Division 104, of the Health and Safety Code) may file a petition with the State Water Board for reconsideration of the citation, order or decision. Appendix 1 to the enclosed Citation contains the relevant statutory provisions for filing a petition for reconsideration (Health and Safety Code, Section 116701).

Petitions must be received by the State Board within 30 days of the issuance of the citation, order or decision by the Deputy Director. The date of issuance is the date when the Division of Drinking Water mails a copy of the citation, order or decision. If the 30th day falls on a

Saturday, Sunday, or state holiday, the petition is due the following business day. Petitions must be received by 5:00 p.m.

Information regarding filing petitions may be found at:

http://www.waterboards.ca.gov/drinking_water/programs/petitions/index.shtml

If you have any questions regarding this matter, please contact our office at (661) 335-7315 or via email at dwpdist19@waterboards.ca.gov.

Sincerely,

Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer
DRINKING WATER FIELD OPERATIONS BRANCH

Enclosure: Citation No. 03_19_17C_026

Certified Mail No. 7015 1520 0000 4433 1679

cc: Kern County Dept. of Public Health, Environmental Health Division
Rick Gonzalez, Piute Pump company, Contract Sampler and Certified Operator (via email)

STATE OF CALIFORNIA

WATER RESOURCES CONTROL BOARD

DIVISION OF DRINKING WATER

TO: Paradise Cove Lodge Water System
Water System No. 1502213

Attn: Wes Williams, Owner
Paradise Cove Lodge
10700 Highway 178
Lake Isabella, CA 93240

CERTIFIED MAIL

CITATION FOR VIOLATION OF CALIFORNIA CODE OF REGULATIONS, TITLE 22, SECTIONS 64426.1(b)(2) and 64424(d)

July 2016, August 2016, and May 2017

C I T A T I O N NO. 03-19-17C-026

Issued on June 19, 2017

STATEMENT OF FACTS

Paradise Cove Lodge Water System (hereinafter Water System) is classified as a tranisient, non-community Water System and serves a population of approximately 52 persons (45 transient and 7 residential) through four service connections. The Water System is a nontransient-noncommunity public water system, as defined in the California Health & Safety Code (CHSC), section 116275.

The Water System operates under the authority of a domestic water supply permit No. 2213 issued on July 26, 1976, by the Kern County Environmental Health Services Department. The Water System is currently under regulatory jurisdiction

of the State Water Resources Control Board (hereinafter State Board), Division of Drinking Water. The State Board is in the process of preparing a new domestic water supply permit for the Water System, and will issue the new permit as workload allows.

The Water System utilizes one ground water well (Well 02) as its source of domestic water and has two 3,700-gallon HDPE storage tanks to provide storage for the domestic water supply system. No treatment is provided to the water produced by the well.

Section 116650 of the California Health and Safety Code authorizes the issuance of a citation to a public water system for violation of the California Safe Drinking Water Act (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order issued or adopted thereunder.

The State Board, acting by and through its Division of Drinking Water and the Deputy Director for the Division (hereinafter "Deputy Director"), hereby issues a citation to Paradise Cove Lodge Water System (mailing address: 10700 Highway 178, Lake Isabella, CA 93240) for violation of California Code of Regulations (CCR), Title 22, Section 64426.1 subsection (b)(2) and Section 64424(d).

A copy of the applicable statutes and regulations are included in **Attachment A**, which is attached hereto and incorporated by reference.

- The Water System collects one (1) routine distribution system bacteriological sample per quarter in accordance with its approved Bacteriological Sample Siting Plan.
- On June 26, 2016, the State Board issued a Do Not Drink Notice to the Water System, as a precaution, due to the Erskine Fire and evacuation in the area. As a result of the fire, several water systems in the area lost power and experienced water outages. On June 27, 2016, State Board staff met with the Water System to check on the status of the Water System, and determined that each of the two 3,700-gallon HDPE storage tanks was about half full, and that the distribution system was pressurized since the tanks are located at much higher elevation and serve the distribution system via gravity.
- As a precaution, the Water System was disinfected by pouring chlorine into the tanks and flushed after the site visit by State Board staff. Based on the information received from the Water System, the Water System did not experience any direct damage from the fire even though the fire came very close to the storage tanks.
- On June 30, 2016, power was restored to the Water System and the chlorine was flushed out of the distribution system; on the same day, the Water System collected one (1) bacteriological sample from Well 01 and five (5) bacteriological samples from the distribution system. All six (6) samples tested negative for total coliform bacteria.
- On July 1, 2016, the State Board cancelled the Do Not Drink notice.

- One (1) routine bacteriological quality sample collected on July 1, 2016, from the distribution system, tested positive for total coliform bacteria.
- Three (3) out of five (5) repeat samples, collected on July 5, 2016, from the distribution system also tested positive for total coliform bacteria.
- One (1) repeat sample collected on July 5, 2016, from Well 01, for compliance with the Ground Water Rule, as well as the total coliform rule, also tested positive for total coliform bacteria.
- None of the total coliform positive samples tested positive for *E.coli* bacteria.
- **Paradise Cove Lodge Water System failed the total coliform maximum contaminant level (MCL) for July 2016 [Section 64426.1(b)(2), *Authorities*].**
- On July 2, 2016, Rick Gonzalez, contract sampler for the Water System, informed the State Board, by email, of the routine total coliform positive sample collected on July 1, 2016.
- On July 7, 2016, a Level 1 Assessment form (required by the federal revised total coliform rule – rTCR) was emailed to the Water System, in response to the total coliform treatment technique trigger from July 2016, and the Water System was directed to disinfect and flush Well 01 and the distribution system, and to collect investigative samples afterwards.
- The Water System provided emergency disinfection and flushing treatment. Six (6) bacteriological quality samples collected on July 8, 2016, from the

distribution system and one (1) sample collected on the same day from Well 01, tested negative for total coliform bacteria.

- On July 25, 2016, the completed and signed Level 1 Assessment form was received from the Water System. The Level 1 Assessment was completed by Mr. Williams. A possible cause for the total coliform positive samples was described as a loss of power due to the Erskine Fire, even though the Water System did not experience any water outage.
- Tier 2 public notification for the July 2016 total coliform MCL violation was provided on August 3, 2016.
- Due to the total coliform positive samples from July 2016, the Water System was required to collect five routine samples in August 2016.
- **The Water System failed to collect five (5) routine bacteriological samples in August 2016 [Section 64424(d), *Authorities*].**
- Quarterly routine samples collected on October 3, 2016 and January 2, 2017, tested negative for total coliform bacteria.
- On May 3, 2017, two (2) of four (4) routine samples collected from the distribution system tested positive for total coliform bacteria. One (1) additional routine sample collected on May 3, 2017, from Well #0l, tested negative for total coliform bacteria. None of the total coliform positive samples tested positive for *E.coli* bacteria.
- **Paradise Cove Lodge Water System failed the total coliform maximum contaminant level (MCL) for May 2017 [Section 64426.1(b)(2), *Authorities*].**

- On May 8, 2017, the Water System collected four (4) repeat samples from the distribution system, and two (2) of the repeat samples tested positive for total coliform bacteria.
- To help clear contamination from the distribution system, on May 12, 2017, the Water System provided emergency disinfection and flushing of the storage tanks and distribution system.
- All four (4) bacteriological samples collected on May 15, 2017, from the distribution system, tested negative for total coliform bacteria.
- Tier 2 public notification for the May 2017 total coliform MCL violation was provided on June 5, 2017.
- A Level 2 Assessment was required to be completed under the rTCR because the Water System had two total coliform technique triggers in a 12-month period (July 2016 - May 2017). Mr. AbdelRahman Shurbaji, Associate Sanitary Engineer with the State Board inspected the Water System on May 16, 2017, to help complete the Level 2 Assessment report. On May 30, 2017, the State Board sent findings of the Level 2 Assessment (copy provided as **Attachment B**) to the Water System and directed the Water System to take some corrective actions within 30 days.
- Results of all (source and distribution) bacteriological samples collected from January 2016 to May 2017 are summarized in **Attachment C**.

DETERMINATIONS

Based upon the above Statement of Facts and Authorities, the State Board has determined that the Paradise Cove Lodge Water System has violated the following:

1. CCR, Title 22, Section 64426.1(b)(2); Specifically, the Water System violated the total coliform MCL for the months of July 2016 and May 2017, when more than one sample during these months tested positive for total coliform bacteria.

2. CCR, Title 22, Section 64424(d); Specifically, the Water System failed to collect five routine samples during the month of August 2016, following the total coliform positive samples in July 2016.

The above violations are classified as non-continuing violations.

DIRECTIVES

Paradise Cove Lodge Water System is hereby directed to take the following actions:

1. Cease and desist from failing to comply with Section 116555(a) of the California Health and Safety Code (CHSC), Section 64426.1(b)(2), and Section 64424(d), of Title 22, California Code of Regulations.

The State Board reserves the right to make such modifications to this Citation as it may deem necessary to protect public health and safety. Such modifications may be issued as amendments to this Citation and shall be effective upon issuance.

Nothing in this Citation relieves the Water System of its obligation to meet the requirements of the California SDWA (CHSC, Division 104, Part 12, Chapter 4, commencing with Section 116270), or any regulation, standard, permit or order issued or adopted thereunder.

FURTHER ENFORCEMENT ACTIONS

Section 116270, Chapter 4, Part 12, Division 104 of the CHSC authorizes the State Board to: issue additional citations with assessment of penalties if a public water system continues to fail or correct a violation identified in a citation; take action to suspend or revoke a permit that has been issued to a public water system if the system has violated applicable law or regulations or has failed to comply with orders of the State Board; and petition the superior court to take various enforcement measures against a public water system that has failed to comply with orders of the State Board. The State Board does not waive any further enforcement action by issuance of this citation.

PARTIES BOUND

This citation shall apply to and be binding upon Paradise Cove Lodge Water System, its officers, directors, agents, employees, contractors, successors, and assignees.

SEVERABILITY

The directives of this citation are severable, and Paradise Cove Lodge Water System shall comply with each and every provision thereof, notwithstanding the effectiveness of any other provision.

CIVIL PENALTIES

Section 116650, subsections (d) and (e) of the CHSC allow for the assessment of a civil penalty for failure to comply with the requirements of the Safe Drinking Water Act. Failure to comply with any provision of this Citation may result in the State Board imposing an administrative penalty in an amount not to exceed $1000 (one

thousand dollars) per day as of the date of violation of any provision of this Citation.

June 19, 2017
Date

Jaswinder Dhaliwal
Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer
Drinking Water Field Operations Branch

Certified Mail No. 7015 1520 0000 4433 1679

ATTACHMENTS:

Attachment A: Applicable Statutes and Regulations

Attachment B: Copy of Level 2 Assessment Findings dated May 30, 2017

Attachment C: Summary of Bacteriological Samples Collected from January 2016 –May 2017

CC: Kern County Dept. of Public Health, Environmental Health Division (w/o attachments)

Rick Gonzalez, Piute Pump Company, Sampler & Certified Distribution Operator (via email)

ATTACHMENT A

APPLICABLE STATUES AND REGULATIONS

AUTHORITIES

Section 116577 of the CHSC, states in relevant part:
"(a) Each public water system shall reimburse the State Board for the actual costs incurred by the State Board for any of the following enforcement activities related to that water system:

(1) Preparing, issuing, and monitoring compliance with, an order or citation.
(2) Preparing, and issuing public notification
...

(b) The State Board shall submit an invoice for these enforcement costs to the public water system that requires payment prior to September 1 of the fiscal year following the fiscal year in which the costs were incurred. The invoice shall indicate the total hours expended, the reasons for the expenditure, and the hourly cost rate of the State Board. The costs set forth in the invoice shall not exceed the total actual costs to the State Board of the enforcement activities specified in this section."...

Section 116650 of the CHSC, states in relevant part:
"(a) If the State Board determines that a public water system is in violation of this chapter or any regulation, permit, standard, citation, or order issued or adopted thereunder, the State Board may issue a citation to the public water system. The citation shall be served upon the public water system personally or by certified mail. Service shall be deemed effective as of the date of personal service or the date of receipt of the certified mail. If a person to whom a citation is directed refuses to accept delivery of the certified mail, the date of service shall be deemed to be the date of mailing.

(b) Each citation shall be in writing and shall describe the nature of the violation or violations, including a reference to the statutory provision, standard, order, citation, permit, or regulation alleged to have been violated.

(c) A citation may specify a date for elimination or correction of the condition constituting the violation.

(d) A citation may include the assessment of a penalty as specified in subdivision (e).

(e) The department may assess a penalty in an amount not to exceed one thousand dollars ($1,000) per day for each day that a violation occurred, and for each day that a violation continues to occur. A separate penalty may be assessed for each violation."

Section 116655 of the CHSC, states in relevant part:
"(a) Whenever the State Board determines that any person has violated or is violating this chapter, or any permit, regulation, or standard issued or adopted pursuant to this chapter, the director may issue an order doing any of the following:

(1) Directing compliance forthwith.
(2) Directing compliance in accordance with a time schedule set by the State Board.
(3) Directing that appropriate preventive action be taken in the case of a threatened violation.

(b) An order issued pursuant to this section may include, but shall not be limited to, any or all of the following requirements:

(1) That the existing plant, works, or system be repaired, altered, or added to.
(2) That purification or treatment works be installed.
(3) That the source of the water supply be changed.
(4) That no additional service connection be made to the system.
(5) That the water supply, the plant, or the system be monitored.
(6) That a report on the condition and operation of the plant, works, system, or water supply be submitted to the State Board."

Section 116701 of the CHSC, states in relevant part:
"(a) Within 30 days of issuance of an order or decision issued by the deputy director under Article 8 (commencing with Section 116625) or Article 9 (commencing with Section 116650), an aggrieved person may petition the state board for reconsideration. Where the order or decision of the deputy director is issued after a hearing under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, this section shall apply instead of Section 11521 of the Government Code.

(b) The petition shall include the name and address of the petitioner, a copy of the order or decision for which the petitioner seeks reconsideration, identification of the reason the petitioner alleges the issuance of the order was inappropriate or improper, the specific action the petitioner requests, and other information as the state board may prescribe. The petition shall be accompanied by a statement of points and authorities of the legal issues raised by the petition.
(c) The evidence before the state board shall consist of the record before the deputy director and any other relevant evidence that, in the judgment of the state board, should be considered to implement the policies of this chapter. The state board may, in its discretion, hold a hearing for receipt of additional evidence.
(d) The state board may refuse to reconsider the order or decision if the petition fails to raise substantial issues that are appropriate for review, may deny the petition upon a determination that the issuance of the order or decision was appropriate and proper, may set aside or modify the order or decision, or take other appropriate action. The state board's action pursuant to this subdivision shall constitute the state board's completion of its reconsideration.
(e) The state board, upon notice and hearing, if a hearing is held, may stay in whole or in part the effect of the order or decision of the deputy director.
(f) If an order of the deputy director is subject to reconsideration under this section, the filing of a petition for reconsideration is an administrative remedy that must be exhausted before filing a petition for writ of mandate under Section 116625 or 116700."

California Code of Regulations (hereinafter, CCR), Title 22, Section 64423, Table 64423-A establishes the minimum routine sampling requirements, and states in relevant part:

Monthly Population Served	*Service Connections*	*Minimum Number of Samples*
25 to 1000	15 to 400	1 per month
1,001 to 2,500	401 to 890	2 per month
2,501 to 3,300	891 to 1,180	3 per month
3,301 to 4,100	1,181 to 1,460	4 per month
4,101 to 4,900	1,461 to 1,750	5 per month
4,901 to 5,800	1,751 to 2,100	6 per month
5,801 to 6,700	2,101 to 2,400	7 per month
6,701 to 7,600	2,401 to 2,700	2 per week
7,601 to 12,900	2,701 to 4,600	3 per week
12,901 to 17,200	4,601 to 6,100	4 per week
17,201 to 21,500	6,101 to 7,700	5 per week
21,501 to 25,000	7,701 to 8,900	6 per week
25,001 to 33,000	8,901 to 11,800	8 per week
33,001 to 41,000	11,801 to 14,600	10 per week
41,001 to 50,000	14,601 to 17,900	12 per week
50,001 to 59,000	17,901 to 21,100	15 per week

CCR, Title 22, Section 64424 establishes the repeat sampling requirements, and states in relevant part:
(a) If a routine sample is total coliform-positive, the water supplier shall collect a repeat sample set as described in paragraph (1) within 24 hours of being notified of the positive result. The repeat samples shall all be collected within the same 24 hour time period. A single service connection system may request that the State Board allow the collection of the repeat sample set over a four-day period.
(1) For a water supplier that normally collects more than one routine sample a month, a repeat sample set shall be at least three samples for each total coliform-positive sample. For a water supplier that normally collects one or fewer samples per month, a repeat sample set shall be at least four samples for each total coliform-positive sample.
(2) If the water supplier is unable to collect the samples within the 24-hour time period specified in subsection (a) or deliver the samples to the laboratory within 24 hours after collection because of circumstances beyond its control, the water supplier shall notify the State Board within 24 hours. The State Board will then determine how much time the supplier will have to collect the repeat samples.
(b) When collecting the repeat sample set, the water supplier shall collect at least one repeat sample

from the sampling tap where the original total coliform-positive sample was taken. Other repeat samples shall be collected within five service connections upstream or downstream of the original site. At least one sample shall be from upstream and one from downstream unless there is no upstream and/or downstream service connection.

(c) If one or more samples in the repeat sample set is total coliform-positive, the water supplier shall collect and have analyzed an additional set of repeat samples as specified in subsections (a) and (b). The supplier shall repeat this process until either no coliforms are detected in one complete repeat sample set or the supplier determines that the MCL for total coliforms specified in Section 64426.1 has been exceeded and notifies the State Board.

(d) If a public water system for which fewer than five routine samples/month are collected has one or more total coliform-positive samples, the water supplier shall collect at least five routine samples the following month. If the supplier stops supplying water during the month after the total coliform-positive(s), at least five samples shall be collected during the first month the system resumes operation. A water supplier may request the State Board waive the requirement to collect at least five routine samples the following month, but a waiver will not be granted solely on the basis that all repeat samples are total coliform-negative. To request a waiver, one of the following conditions shall be met:

(1) The State Board conducts a site visit before the end of the next month the system provides water to the public to determine whether additional monitoring and/or corrective action is necessary to protect public health.

(2) The State Board determines why the sample was total coliform-positive and establishes that the system has corrected the problem or will correct the problem before the end of the next month the system serves water to the public. If a waiver is granted, a system shall collect at least one routine sample before the end of the next month it serves water to the public and use it to determine compliance with Section 64426.1."

CCR, Title 22, Section 64426.1 establishes the total coliform maximum contaminant level and states in relevant part:

(a) Results of all samples collected in a calendar month pursuant to Sections 64423, 64424, and 64425 that are not invalidated by the State Board or the laboratory shall be included in determining compliance with the total coliform MCL. Special purpose samples such as those listed in section 64421(b) and samples collected by the water supplier during special investigations shall not be used to determine compliance with the total coliform MCL.

(b) A public water system is in violation of the total coliform MCL when any of the following occurs:

(1) For a public water system which collects at least 40 samples per month, more than 5.0 percent of the samples collected during any month are total coliform-positive; or

(2) For a public water system which collects fewer than 40 samples per month, more than one sample collected during any month is total coliform-positive; or

(3) Any repeat sample is fecal coliform-positive or E. coli-positive; or

(4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine sample is total coliform-positive.

(c) If a public water system is not in compliance with paragraphs (b)(1) through (4), during any month in which it supplies water to the public, the water supplier shall notify the State Board by the end of the business day on which this is determined, unless the determination occurs after the State Board office is closed, in which case the supplier shall notify the State Board within 24 hours of the determination. The water supplier shall also notify the consumers served by the water system. A Tier 2 Public Notice shall be given for violations of paragraph (b)(1) or (2), pursuant to section 64463.4. A Tier 1 Public Notice shall be given for violations of paragraph (b)(3) or (4), pursuant to section 64463.1.

ATTACHMENT B

LEVEL 2 ASSESSMENT FINDINGS DATED MAY 30, 2017

CALIFORNIA
Water Boards

Edmund G. Brown Jr.
Governor

Matthew Rodriquez
Secretary for
Environmental Protection

State Water Resources Control Board
Division of Drinking Water

May 30, 2017

Wesley Williams, Co-Owner
Paradise Cove Enterprise LLC
dba Paradise Cove Lodge
10700 Highway 178
Lake Isabella, CA 93240

FIELD INSPECTION/LEVEL 2 ASSESSMENT OF PARADISE COVE LODGE'S WATER SUPPLY SYSTEM TO INVESTIGATE BACTERIOLOGICAL CONTAMINATION, SYSTEM NO. 1502213

Dear Mr. Williams:

The Division of Drinking Water, State Water Resources Control Board (hereinafter State Board) regulates the domestic water supply system (Water System) serving the Paradise Cove Lodge. On May 16, 2017 and with your help, AbdelRahman Shurbaji (Ph.D., P.E.), an engineer with the State Board, conducted an inspection of the water facilities making up the Water System. The inspection was part of an investigation (Level 2 Assessment) to identify the cause of the May 3-8, 2017 bacteriological contamination in the water distribution system. The investigation is required, per the federal revised Total Coliform Rule (rTCR), to identify any needed corrective actions, as detailed in the completed form titled "Revised Total Coliform Rule - Level 2 Assessment" (**enclosed**).

The Level 2 Assessment was triggered by a second total coliform technique triggered violation in May 2017, following the total coliform technique trigger in July 2016. During the month of May 2017, two (2) out of five (5) routine samples collected on May 3, 2017 tested positive for total coliform bacteria and negative for *E.coli* bacteria. Four (4) repeat samples were collected on May 8, 2017, and two (2) of these samples also tested positive for total coliform bacteria. With the help of California Water Service Company, emergency disinfection was provided on May 12, 2017, by pouring chlorine in the tanks, and the distribution system was flushed afterwards until no chlorine residual was detected. Another set of four (4) repeat samples was collected on May 15, 2017, and all four samples tested negative for total coliform bacteria. All samples collected in May 2017 were sent to the BC Laboratories, Inc. for analysis.

An exact cause of the contamination has not been identified. It is noted that all samples collected in May 2017, from the well and storage tanks tested negative for total coliform bacteria. Therefore, cause of contamination may be due to problems in the distribution system. Based on the site inspection conducted on May 16, 2017, review of the bacteriological sampling results, and the Water System's operation, below you will find our major recommendations.

1. It is noted that there are some bee hive boxes kept near the storage tanks. The bee hives should not be kept next to the storage tanks. Also, trees/branches growing near the storage tanks should be trimmed and kept away from the storage tanks, to not attract birds.

2. A screen should be provided on the overflow pipe from the storage tank(s) and it should have an air gap above the ground at discharge point.

3. The wellhead should be provided with housing.

Per Consultation with the State Board, a revised Bacteriological Sample Siting Plan (BSSP) was received on May 19, 2017, that includes collecting routine bacteriological samples from the other two houses that are served by the Water System and eliminates the sampling locations that are located inside the buildings. The revised BSSP has been reviewed by the State Board and is hereby approved. Please note that repeat samples collected from the well count towards the total coliform MCL and for determining compliance with the Ground Water Rule's triggered source sampling requirement when there is a routine total coliform positive sample in the distribution system. Also, the well site should not used as a routine sampling location.

The three items identified above should be addressed within 30 days and written notification to the State Board should be submitted after taking corrective actions.

We appreciate the assistance provided during the inspection and completion of Level 2 assessment. If you have any questions regarding this letter, please contact our office at (661) 335-7315 or via email at DWPDIST19@waterboards.ca.gov.

Sincerely,

Jaswinder S. Dhaliwal, P.E.
Senior Sanitary Engineer
Division of Drinking Water

Enclosures:

Enclosure 1: Pictures Taken on May 15, 2017
Enclosure 2: Level 2 Assessment Form

cc: Kern County Department of Public Health, Environmental Health Division (w/o enclosure)
Rick Gonzales, Sampler (via email)

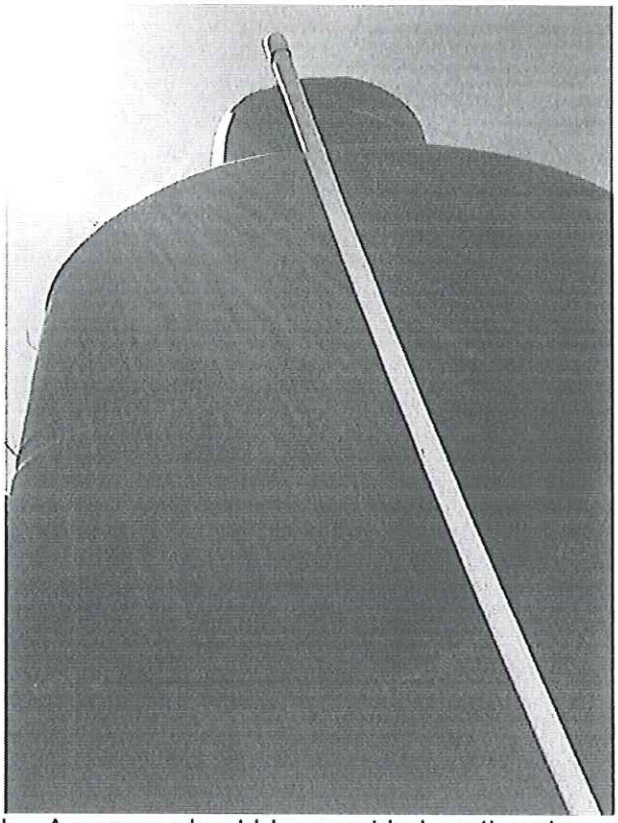
JSD/ams
Ltr1502213Level2Assesment.docx

Enclosure 1

Pictures Taken on May 16, 2017

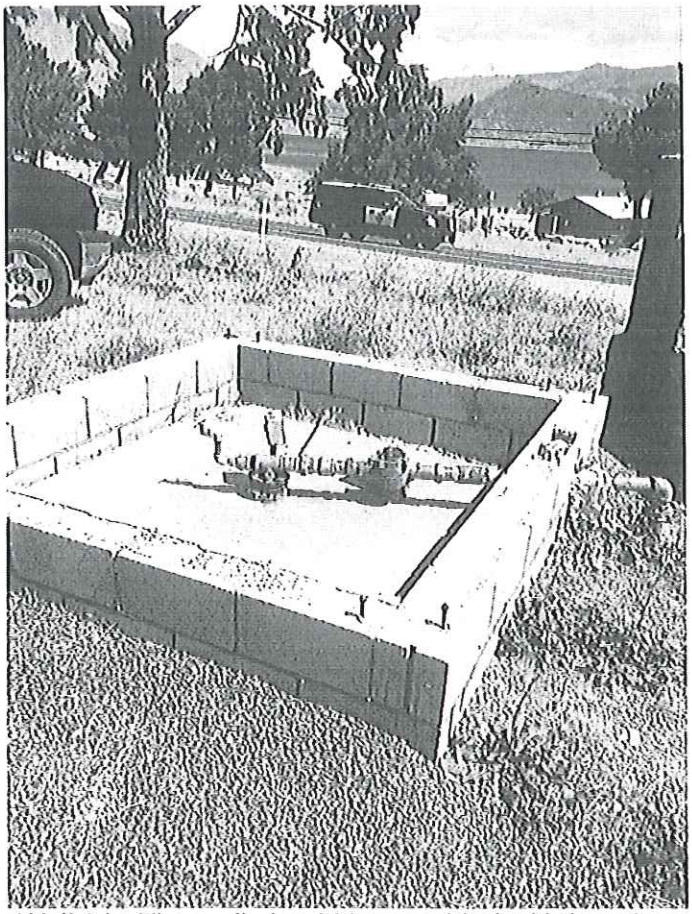
Paradise Cove Lodge, Water System No. 1502213
Pictures Taken on May 16, 2017 by A.M. Shurbaji

Bee hives kept near the storage tanks. Bee hives should be kept away from the storage tanks.



Overflow pipe of Storage Tank. A screen should be provided on the pipe and it should have an air gap above the ground at discharge point

Paradise Cove Lodge, Water System No. 1502213
Pictures Taken on May 16, 2017 by A.M. Shurbaji



Well 01. The well should be provided with housing.

Enclosure 2

Level 2 Assessment Form

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

This form is intended to assist Division of Drinking Water (DDW) or Local Primacy Agency (LPA) Staff in completing the investigation required by the federal revised Total Coliform Rule (rTCR) [effective April 1, 2016]. If the answer has a large box around it, it is an issue and needs to be described by LPA or DDW in the next column. Please include the question number in the description. The PWS must address each issue described in the Corrective Action column. **To avoid a violation, the water system must submit to DDW/LPA a completed assessment report no later than 30 days after the trigger date.**

PWS ID#:1502213 PWS Name: Paradise Cove Lodge Circle one: CWS / NTNC / TNC

Operator in Responsible Charge (print name):Wes Williams Phone:760-379-5137
Assessment trigger date: May 4, 2017 Date Assessment Completed: May 16, 2017
SEASONAL: YES ☐ NO ☒ Reason for Assessment: Second coliform MCL in 12 months
Person who collected TC positive samples: Rick Gonzalez Contact info for person who collected samples: (760)-549-3150
Name of Certified Lab conducting sample analysis: BC laboratories

Assessment Elements	Y	N	N/A	Issue Description	Corrective Action Taken or Planned to be Taken and Date
1. Review of the sample sites	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
1.1 Was the sample taken at the routine coliform site? List the name(s) of the positive sample site(s).	☒	☐	☐	1.1. For the five routine samples collected on May 3, two samples tested positive for total coliform; one from the Waitress Station and on from the Lower Bar. Another round of 4 repeat samples were collected on May 8, 2017. Two samples tested positive for total coliform, one sample was from Lower Bar and the other one from the Waitress Station. Another set of four samples were taken on May 15. All were negative for total coliform. All samples were negative for E. Coli.	The operators did the needed emergency chlorination then flushing after finding about the total coliform positive samples.
1.2 Was the tap area unsanitary at the time of sampling?	☐	☒	☐		
1.3 Was this sample taken from an outside faucet?	☐	☒	☐		
1.4 Was the sample taken from a swivel tap?	☒	☐	☐		
1.5 Did the tap have a point of use treatment device on it?	☐	☒	☐		
1.6 Does the building where the sample was taken have a point of entry device?	☐	☒	☐		
1.7 Has this location undergone any plumbing replacements or repairs?	☐	☒	☐		
1.8 Are there any possible cross connections around the sample site (including yard hydrants and stock tanks)?	☐	☒	☐		
1.9 Is this location near a storage tank or dead end?	☒	☐	☐	1.9. One sampling site is from the storage tanks.	
1.10 Have there been any analytical results or any additional samples collected, including source samples, which were positive (not for compliance)?	☒	☐	☐		
1.11 Prior to this incident, when was the most recent satisfactory coliform samples taken? Date:	April 1, 2017				
1.12 Any other sample site issues not previously mentioned?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

2.	Review of sample protocol	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
2.1	Was the positive sample(s) taken by the operator in responsible charge? Provide name of sampler.	☒	☐	☐	2.1. Ginger was the sampler.	
2.2	Is the sampler a regular, trained sampler?	☒	☐	☐		
2.3	Was a laboratory-provided TC sample bottle used?	☒	☐	☐		
2.4	Was the aerator removed?	☐	☐	☒		
2.5	Was the water tap flushed for at least 5 minutes?	☒	☐	☐		
2.6	Was the tap disinfected or flamed?	☒	☐	☐		
2.7	Did the sample get too warm prior to being placed on ice?	☐	☒	☐		
2.8	Were there other sampler errors? Describe	☐	☒	☐		
2.9	If it is a seasonal system, were there any problems during the most recent start-up procedure?	☐	☐	☒		
2.10	Any other sample protocol issues not previously mentioned (e.g. vandalism or unauthorized access)?	☐	☒	☐		
3.	**Review of the distribution system.**	**Y**	**N**	**N/A**	**Indicate Element number being described.**	**Indicate Element number being described.**
3.1	Have any mains or service lines recently been repaired, replaced or installed?	☐	☒	☐		
3.2	Have fire hydrants or blow offs been recently flushed/used/sheared?	☐	☒	☐		
3.3	Have valves been recently exercised to direct flow?	☐	☒	☐		
3.4	Any leaks or main breaks noted?	☐	☒	☐		
3.5	Are all of the backflow prevention devices operational and maintained?	☐	☐	☒		
3.6	Was there a total loss of pressure, low pressure (<20 psi) or changes in water pressure? If yes, when?	☐	☒	☐		
3.7	Any areas of the distribution with low disinfectant levels (<0.2 mg/L)?	☐	☐	☒		
3.8	Any recent pump station failures or repairs?	☐	☒	☐		
3.9	Air relief valve leaking?	☐	☒	☐		
3.10	Standing water or debris in (air relief) valve vault?	☐	☐	☒		
3.11	Any recent power loss?	☐	☒	☐		
3.12	Any unprotected cross connections (including yard hydrants and stock tanks)?	☐	☒	☐		
3.13	Has high turbidity been detected in the distribution system?	☐	☒	☐		
3.14	Is there evidence of intentional contamination or vandalism?	☐	☒	☐		
3.15	Any other distribution issue not previously mentioned (e.g. other O&M activities that could have introduced coliforms)?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

4.	Review of storage tank(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.1	Is there a presence of animals or insects in the tank(s)?	☒	☐	☐	4.1 I have not checked the tanks but the owners have some bee hives at the tank site. 4.9. the overflow pipe is going on the ground. Unless screened, insects may enter it and end up in the tank.	
4.2	Are there breaches or holes of any sort into tank(s)?	☐	☒	☐		
4.3	Is there any presence of animal droppings around openings, vents or overflows?	☐	☒	☐		
4.4	Is there sediment buildup and floating debris in tank(s)?	☐	☒	☐		
4.5	Have the tank(s) been cleaned within the last 5 years? If not, list when it was last cleaned.	☒	☐	☐		
4.6	Are the vents and overflows protected against entry from animals, insects or other contaminants?	☒	☐	☐		
4.7	Are the screens damaged or not properly installed?	☐	☒	☐		
4.8	Does the reservoir have a common inlet/outlet?	☒	☐	☐		
4.9	Is the overflow pipe directly connected to a tank drain, sanitary sewer or storm drain?	☐	☒	☐		
4.10	Does the hatch have a solid, water proof, shoebox type lid that is properly sealed?	☒	☐	☐		
4.11	Was the hatch locked or secured?	☒	☐	☐		
4.12	Has the tank been accidently drained?	☐	☒	☐		
4.13	Have there been high flows through the tank?	☐	☒	☐		
4.14	Was there high water age in the tank (infrequent water use)?	☐	☒	☐		
4.15	Was the sample taken when the tank was at the low level mark?	☐	☒	☐		
4.16	Failure or improper operation on tank telemetry/altitude valves/controls?	☐	☒	☐		
4.17	Any recent repairs on the tank(s)?	☐	☒	☐		
4.18	Was there any power loss?	☐	☒	☐		
4.19	Is the site secured (e.g. fencing, locked gates, etc.)?	☐	☒	☐		
4.20	Was the tank vandalized or subject to tampering?	☐	☒	☐		
4.21	Any other storage tank issues not previously mentioned above?	☐	☒	☐		
	Pressure Tanks (if applicable)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
4.22	What is the volume of the pressure tank? Attach additional sheets if needed.	N/A				
4.23	What is the age of the pressure tank? Attach additional sheets if needed.	N/A				
4.24	Does the pressure tank use a bladder and/or air compressor? Attach additional sheets if needed.	N/A				
4.25	Did the pressure tank(s) deviate from normal operating pressure?	☐	☐	☒		
4.26	Is the compressor pump running more than normal?	☐	☐	☒		

4.27	Is the tank bladder water logged?	☐	☐	☒		
4.28	Is the tank damaged, rusty, leaking or have holes?	☐	☐	☒		
4.29	Was there any recent work performed on the tank?	☐	☐	☒		
4.30	Is the air relief vent (if there one) screened and facing down?	☐	☐	☒		
4.31	Can the inside of the pressure tank be visually inspected through an inspection port? If so, when was it last inspected?	☐	☐	☒		
5.	Review of treatment process (if applicable)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
5.1	Has the treatment been bypassed altogether at any time or have individual processes been interrupted by power outages or other causes? If yes, provide details on when, which processes and for how long?	☐	☐	☒		
5.2	Have there been any new treatment processes added or new equipment installed?	☐	☐	☒		
5.3	Have there been any recent repairs of major unit processes or treatment equipment?	☐	☐	☒		
5.4	Have there been any changes in the operational procedures used for treating the water such as, changes in chemical dosages, flow changes, or changes in coagulant chemicals used? If yes, provide details of the change and when it occurred.	☐	☐	☒		
5.5	Has a coagulant been added at all times the plant has been filtering water?	☐	☐	☒		
5.6	Have there been changes in raw water quality?	☐	☐	☒		
5.7	Was the settled water turbidity increasing?	☐	☐	☒		
5.8	Was the finished water turbidity increasing?	☐	☐	☒		
5.9	Have filter clogging algae caused more frequent backwashing?	☐	☐	☒		
5.10	Have there been any failures in adding disinfectant for any length of time?	☐	☐	☒		
5.11	Was water delivered that did not meet CT requirements?	☐	☐	☒		
5.12	What is the entry point chlorine residual today? Free/Total?	mg/L				
5.13	Has there been any vandalism or tampering at the plant?	☐	☐	☒		
5.14	Any other treatment plant issues not previously mentioned above?	☐	☐	☒		
6.	Sources – Well(s) (Note the specific facility if any issues are found)	Y	N	N/A	Indicate Element number being described.	Indicate Element number being described.
6.1	Is there a 50 foot annular seal?	☒	☐	☐	The depth of the seal is not in our records but it is expected to be in compliance with construction	
6.2	Is the surface seal defective or damaged or not water tight?	☐	☒	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

6.3	Is there a casing vent?	☒	☐	☐	standards.	
6.4	Does the casing and/or air relief vent have a screen to prevent the entry of insects?	☒	☐	☐		
6.5	Does the vent and pump to waste terminate in an air gap of at least three pipe diameters above the ground?	☒	☐	☐		
6.6	How is the well used? (Circle if applicable)		Primary		Backup Emergency	
6.7	Are there any unprotected cross connections at the wellhead?	☐	☒	☐	6.12. the wellhead needs housing to prevent unauthorized access.	
6.8	Are there any unprotected openings in the pump or pump assembly?	☒	☐	☐		
6.9	Is the pitless adapter damaged?	☐	☐	☒		
6.10	Are there any exposed holes or cracks near the wellhead? For example electric conduit.	☐	☒	☐		
6.11	Has there been any recent work performed on the pump?	☐	☒	☐		
6.12	Is the wellhead secured to prevent unauthorized access?	☐	☒	☐		
6.13	Have there been any sewer spills, source water spills or other disturbances near the well?	☐	☒	☐		
6.14	Is the wellhead at least 18-inches above grade?	☐	☒	☐		
6.15	Is there evidence of standing water near the wellhead?	☐	☒	☐		
6.16	Is the well pit in standing water or evidence of flooding?	☐	☒	☐		
6.17	Any other well issues not previously mentioned above?	☐	☒	☐		
	Sources- Spring(s) N/A **(Note the specific facility if any issues are found)**	Y	N	N/A		
6.18	Is there evidence of flooding or infiltration of surface water runoff around the spring?	☐	☐	☐		
6.19	Is the spring box improperly developed or poorly maintained?	☐	☐	☐		
6.20	Is the spring site secured (e.g. locks, fence, gate, etc).	☐	☐	☐		
6.21	Are there dead animals near the spring?	☐	☐	☐		
6.22	Any other issues about springs not previously mentioned above?	☐	☐	☐		
	Sources – Surface Water N/A	Y	N	N/A		
6.23	Have there been algae blooms?	☐	☐	☐		
6.24	Has the source water turned over?	☐	☐	☐		
6.25	Have there been any sewer spills, source water spills or other disturbances?	☐	☐	☐		
6.26	Any other source water issues not previously mentioned above?	☐	☐	☐		

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

	Sources-purchased water N/A					
6.27	Water quality issues with supplier?	☐	☐	☐		
6.28	Low disinfectant residual from supplier (typically ≤0.2 mg/L)?	☐	☐	☐		
6.29	Any other purchased water issues not previously mentioned above?	☐	☐	☐		
	Applicable to all sources					
6.30	Has an unapproved source been used?	☐	☒	☐		
6.31	Has there been a change in sources?	☐	☒	☐		
6.32	Has there been recent rapid snowmelt, heavy rainfall or flooding?	☐	☒	☐		
6.33	Any evidence of animals near the source?	☐	☒	☐		
6.34	Have there been changes in available source water (e.g. significant drop in water table, reservoir capacity)	☐	☒	☐		
6.35	Is the source water sample for ground water systems E. coli positive? This may indicate that the positive sample is originating from the source and may be a continuous source of contamination.	☐	☒	☐		
6.36	Any other source issues not previously mentioned above?	☐	☒	☐		
7.	**General Operations**				**Indicate Element number being described.**	**Indicate Element number being described.**
7.1	During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	☐	☒	☐		
7.2	What were the symptoms of illness if you received complaints about customers being sick? N/A					
7.3	Were there any extreme weather/natural events (e.g. heat, freezing, raining, windy, fires, earthquakes etc)	☐	☒	☐	Windy time.	
8.	**Significant Deficiencies**				**Indicate Element number being described.**	**Indicate Element number being described.**
8.1	Are there any unaddressed significant deficiencies? This may indicate that the problem is known and is in the process of being remedied. Include approved corrective action date and status of each corrective action.	☐	☒	☐	8.1. The housing of the well was an issue raised before and no action was taken.	

1. Attach additional sheets if needed.

1002213 Lodge

REVISED TOTAL COLIFORM RULE (RTCR) – LEVEL 2 ASSESSMENT

Additional Comments:

Name of SWRCB-Division of Drinking Water or LPA representative completing the form (PRINTED):

Signature: Date: 5-16-2017

Water system responsible party (PRINTED):

Signature: Date: 5/16/2017

Reserved for Regulatory Agency (DDW / LPA) Review

	Yes	No	Comments
1. Has assessment been successfully completed?	☐	☐	
2. Likely reason for EC+ occurrence has been found.	☐	☐	
3. System has corrected the problem.	☐	☐	
4. Were all issues identified corrected?	☐	☐	
4. Corrective Action Approved?	☐	☐	

ATTACHMENT C

SUMMARY OF BACTERIOLIGCAL QUALITY RESULTS
JANUARY 2016 – MAY 2017

Paradise Cove Lodge

1502213 Distribution System Freq: 1/Q

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
1/4/2016	7:00	Paradise Cove	A	A		Routine			
4/1/2016	8:35	Paradise Cove	A	A		Routine			
6/30/2016	10:25	Kitchen Sink	A	A		Routine			Special Sampling Event-Required Due to Erskine Fire
6/30/2016	10:30	Outside Bib #12	A	A		Routine			Special Sampling Event-Required Due to Erskine Fire
6/30/2016	10:33	Upstairs Bar Sink	A	A		Routine			Special Sampling Event-Required Due to Erskine Fire
6/30/2016	10:40	Downstairs Bar Si	A	A		Routine			Special Sampling Event-Required Due to Erskine Fire
7/1/2016	6:30	Paradise Cove	P	A		Routine			
7/5/2016	8:28	Outside Bib #12	P	A		Repeat		MCL	Citation No. 03_19_17C_026
7/5/2016	8:30	Downstairs Bar	P	A		Repeat			
7/5/2016	8:32	Kitchen Sink	A	A		Repeat			
7/5/2016	8:35	Waitress Sink Stat	P	A		Routine			
7/5/2016	8:40	Upstairs Bar Sink	A	A		Repeat			
7/8/2016	6:28	Hose Bib #12	<1	<1		Repeat			
7/8/2016	6:31	Lower Bar	A	A		Repeat			
7/8/2016	6:35	Waitress Station	A	A		Repeat			
7/8/2016	6:36	Upper Bar	A	A		Repeat			
7/8/2016	6:42	Storage Tank	A	A		Other			
8/1/2016		No Routine Sampl				Routine		MR4	Citation No. 03_19_17C_026
10/3/2016	6:50	Paradise Cove	A	A		Routine			
1/2/2017	13:30	Paradise Cove	A	A		Routine			
4/3/2017	5:50	Paradise Cove	P	A		Routine			
4/7/2017	7:25	Waitress Station	A	A		Repeat			
4/7/2017	7:30	Kitchen	A	A		Repeat			
4/7/2017	7:35	Upstairs Bar	A	A		Repeat			
4/7/2017	7:40	Downstairs Bar	A	A		Repeat			
5/3/2017	7:10	Lower Bar	P	A		Routine			
5/3/2017	7:12	Kitchen	A	A		Routine			
5/3/2017	7:13	Waitress Station	P	A		Routine		MCL	Citation No. 03_19_17C_026
5/3/2017	7:14	Upper Bar	A	A		Routine			
5/8/2017	7:45	House	A	A		Repeat			
5/8/2017	7:45	Lower Bar	P	A		Repeat			

Sample Date	Time	Location	T Coli	E Coli	F Coli	Type	Cl2	Violation	Comment
5/8/2017	7:45	Storage Tank	A	A		Repeat			
5/8/2017	7:45	Waitress Station	P	A		Repeat			
5/15/2017	7:36	Storage Tank	A	A		Other			
5/15/2017	7:45	Waitress Staiton	A	A		Other			
5/15/2017	7:48	Upper Bar	A	A		Other			

Paradise Cove Lodge

1502213

Source Monitoring Freq:

Sample Date	Time	Source	T Coli	E Coli	F Coli	Violation	Comment
6/30/2016	10:21	Well 02	A	A			
7/5/2016	8:25	Well 02	P	A			GWR
7/8/2016	6:49	Well 02	A	A			Repeat
4/7/2017	7:20	Well 02	A	A			GWR
5/3/2017	7:10	Well 02	A	A			
5/15/2017	7:56	Well 02	A	A			GWR